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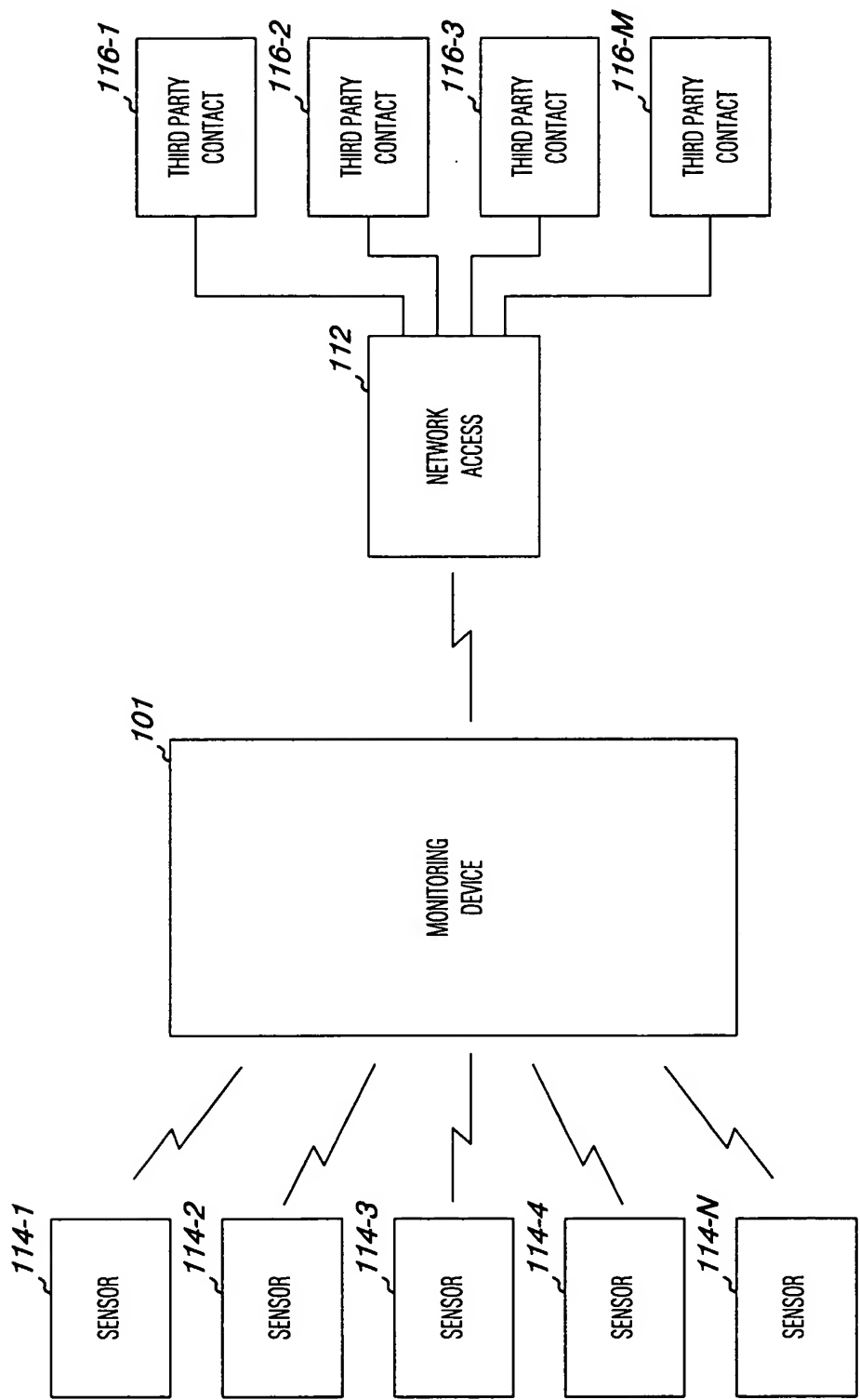
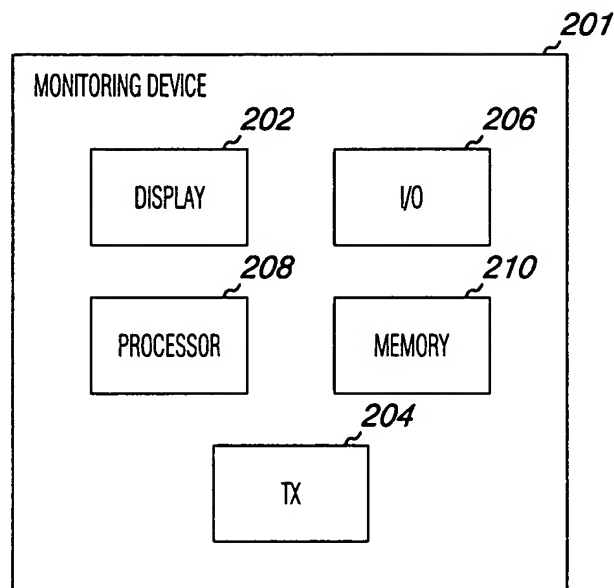


Fig. 1



*Fig. 2A*

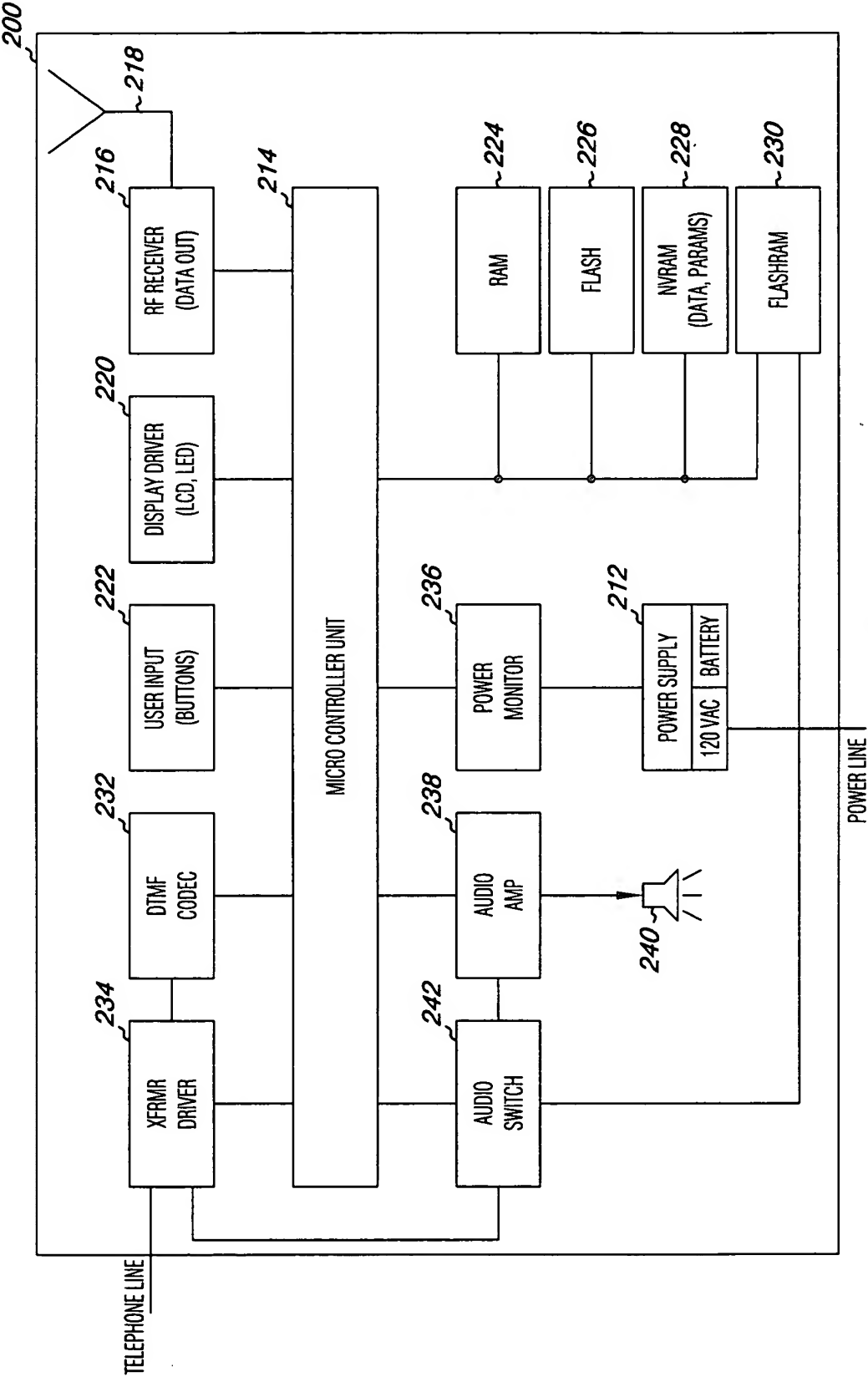


Fig. 2B

MORNING ACTIVITY	COUNTS	THRESHOLD FOR ACTIVITY
BEDROOM	5	4
BATHROOM	10	5
KITCHEN	15	5
DINING ROOM	2	0
LIVING ROOM	2	0
LAUNDRY ROOM	0	0
TOTAL COUNTS 34		TOTAL THRESHOLD 14

*Fig. 3A*

AFTERNOON ACTIVITY	COUNTS	THRESHOLD FOR ACTIVITY
BEDROOM	0	0
BATHROOM	2	0
KITCHEN	10	5
DINING ROOM	2	0
LIVING ROOM	4	0
LAUNDRY ROOM	2	0
TOTAL COUNTS 20		TOTAL THRESHOLD 5

*Fig. 3B*

EVENING ACTIVITY	COUNTS	THRESHOLD FOR ACTIVITY
BEDROOM	5	0
BATHROOM	10	5
KITCHEN	15	5
DINING ROOM	2	0
LIVING ROOM	2	0
LAUNDRY ROOM	0	0
TOTAL COUNTS 34		TOTAL THRESHOLD 10

*Fig. 3C*

NIGHT TIME ACTIVITY	COUNTS	THRESHOLD FOR ACTIVITY
BEDROOM	3	1
BATHROOM	4	0
KITCHEN	2	0
DINING ROOM	0	0
LIVING ROOM	0	0
LAUNDRY ROOM	0	0
TOTAL COUNTS 9		TOTAL THRESHOLD 1

*Fig. 3D*

SENSORS GROUPED BY ACTIVITIES OF DAILY LIVING	COUNTS	THRESHOLDS
WAKING (BEDROOM, BATHROOM)	15	7
BREAKFAST (KITCHEN, DINING ROOM)	17	8
MORNING ACTIVITY (ALL SENSORS)	6	1
LUNCH (KITCHEN, DINING ROOM)	12	6
AFTERNOON ACTIVITY (ALL SENSORS)	16	2
DINNER (KITCHEN, DINING ROOM)	19	8
PREPARE FOR BED (BEDROOM, BATHROOM)	7	2
TOTAL COUNTS	92	TOTAL THRESHOLD 34

*Fig. 4*

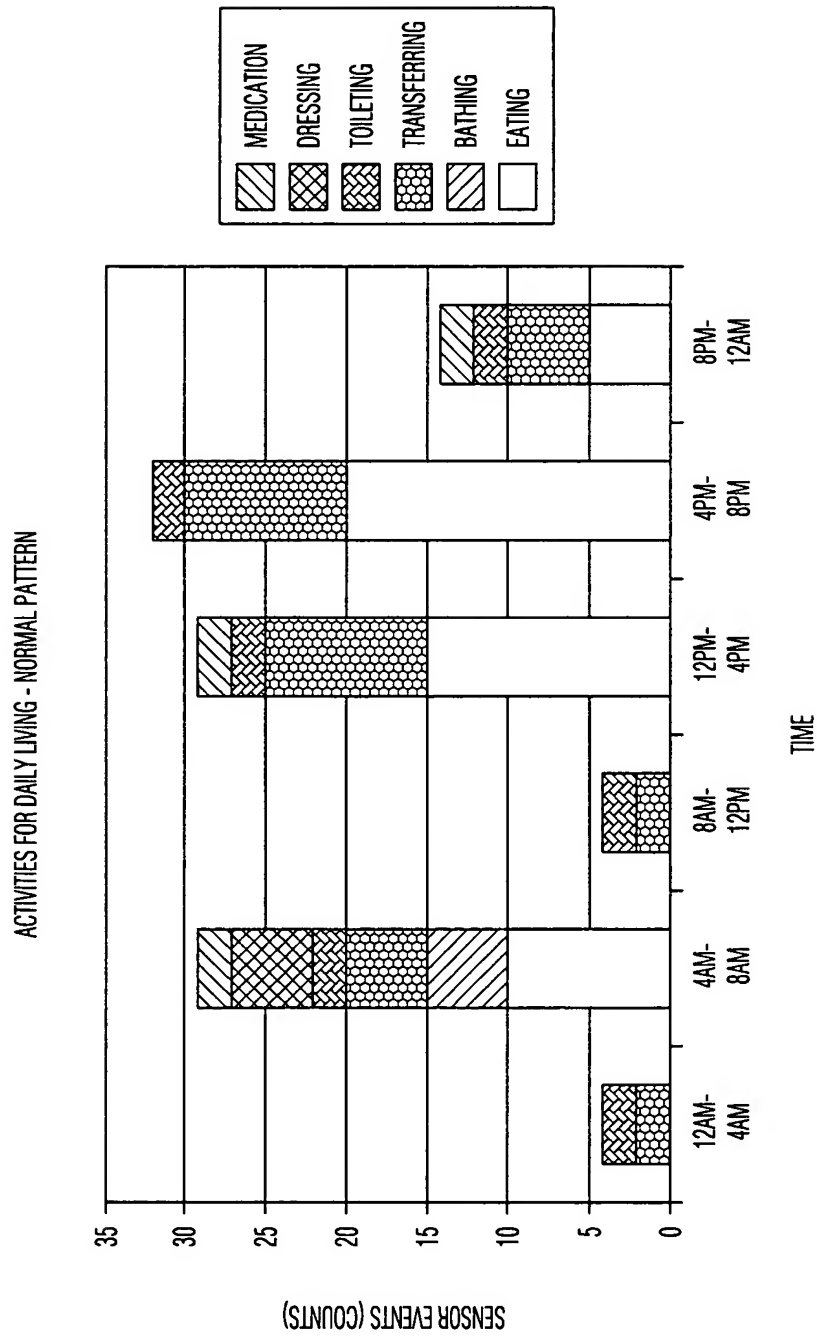


Fig. 5A

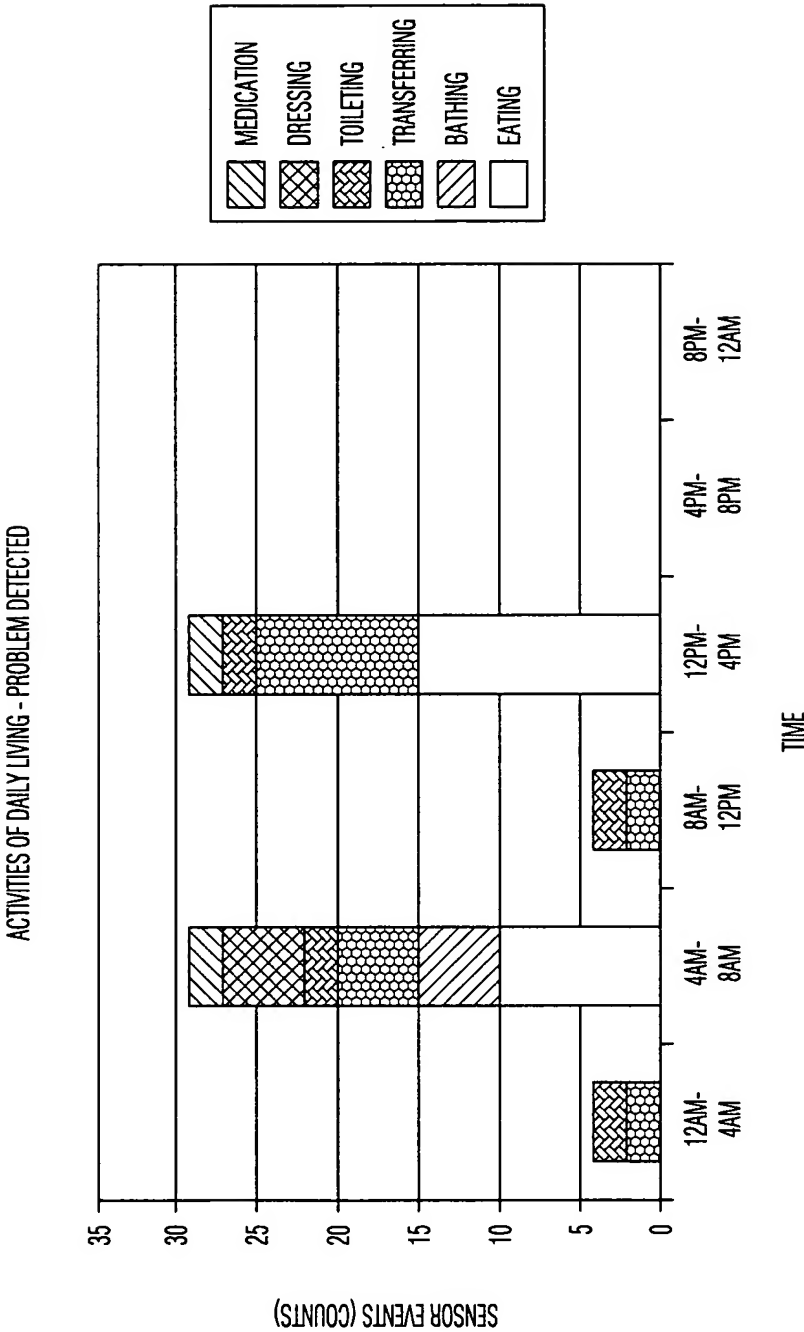


Fig. 5B



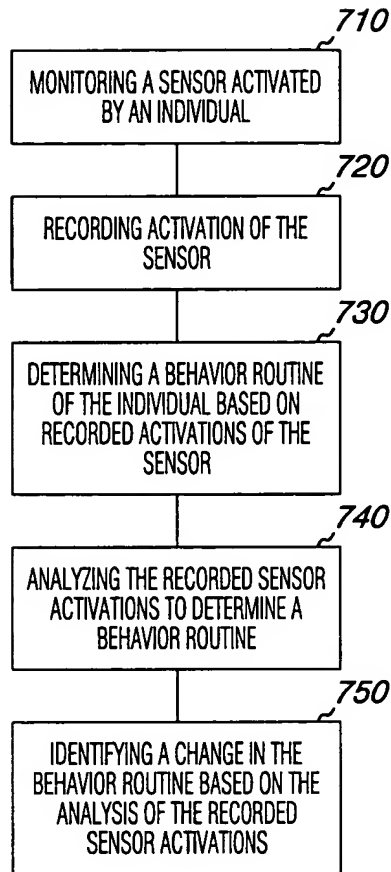
THIRD PARTY CALL HIERARCHY AND INFORMATION TO BE PROVIDED

CALL #	CONTACT	INFORMATION
1	INDIVIDUAL	ARE YOU O.K.?
2	NEIGHBOR	NAME, REQUEST TO CHECK, PHONE #
3	RELATIVE	NAME, REQUEST TO CHECK, ADDRESS, PHONE #
4	DOCTOR	NAME, TIME AND OBSERVED CHANGE, ADDRESS, PHONE #
5	EMERGENCY	NAME, TIME AND OBSERVED CHANGE, MEDICAL HISTORY INFORMATION, LIST OF CONTACTS ATTEMPTED, ADDRESS, PHONE #

Fig. 6

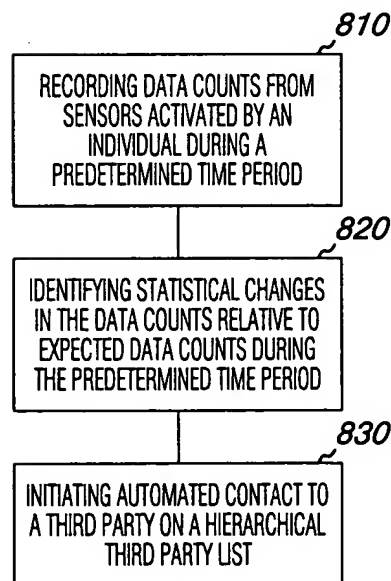
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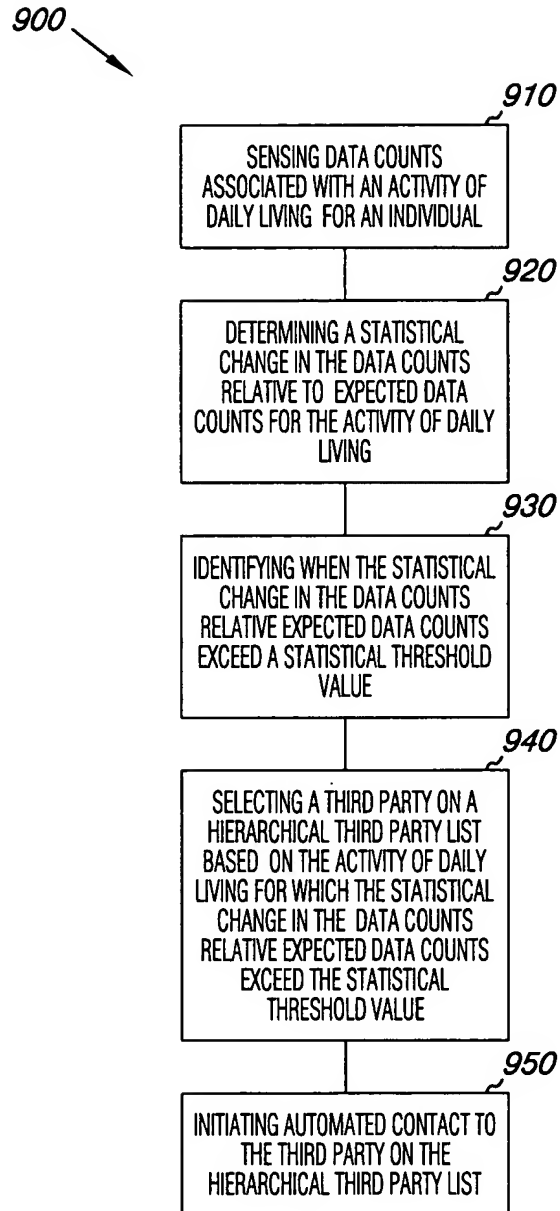


*Fig. 7*

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*Fig. 8*



*Fig. 9*